



Texas Department of Insurance

Division of Workers' Compensation

Medical Fee Dispute Resolution, MS-48

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MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

GENERAL INFORMATION

Requestor Name and Address

EDWIN E. JOHNSTONE, MD, PA
2323 S SHEPHERD DR, STE 908
HOUSTON, TX 77019

DWC Claim #:
Injured Employee:
Date of Injury:
Employer Name:
Insurance Carrier #:

Respondent Name

TWIN CITY FIRE INSURANCE CO

Carrier's Austin Representative Box

Box Number 47

MFDR Tracking Number

M4-10-4967-01

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: '02/11/10 a claim and report was sent to Barbara Hess at 860-947-3886. There were also 2 other claims, one for 02/24/10, which I held until Mr Brack's subsequent visit on 04/1/10. I faxed the claims to the same fax number. June 11, 2010 I received letter from Hartford, they needed a valid NPI number from a referring provider, Ann Ayers is a RN, she has referred many patients to Dr Johnstone so I actually used her name as a referral but she has no NPI number so I rewrote everything and sent the claims/reports with Dr Frank Yatsu as the referring provider using his NPI number. Now I receive an EOR denying the claims for 02/11/10, claiming the filing date has expired. It was received by fax on 02/16/10. I did finally get partial payment for the claim dated 04/01/10, but the claim included with that claim for 02/24/10 was denied...On July 19, 2010 I received a check for Mr Brack's visit on 04/01/10 and an EOB denying everything else."

Amount in Dispute: \$1,000.00

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: "Information originally listed not appropriate for box 17 per clean claims Rule. Corrected information rec'd after the 95 day time limit for filing. Clean claim Rule Requires Physician information in box 17 if applicable cpt 90887 global to cpt 99205."

Response Submitted by: The Hartford, 300 S. State St., Syracuse, NY 13702

SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
February 11, 2010 February 24, 2010	99205, 99354, 90887, 90885	\$1,000.00	\$0.00

FINDINGS AND DECISION

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 and all applicable, adopted rules of the Texas Department of Insurance, Division of Workers' Compensation.

Background

1. 28 Texas Administrative Code §133.307 sets out the procedures for resolving medical fee disputes.
2. 28 Texas Administrative Code §133.20 sets out the procedures for health care providers to submit workers' compensation medical bills for reimbursement.
3. 28 Texas Administrative Code §102.4 sets out the rules for Non-Commission Communications
4. Texas Labor Code §408.027 sets out the rules for timely submission of a claim by a health care provider.
5. Texas Labor Code §408.0272 sets out the rules for certain exceptions for untimely submission of a claim by a health care provider.
6. The services in dispute were reduced/denied by the respondent with the following reason codes:
Explanation of benefits dated July 14, 2010
 - 29-The time limit for filing has expired. Per Texas Labor Code 408.027 bills must be sent to the carrier on a timely basis. Within 95 days from the dates of service.

Issues

1. Did the requestor submit the medical bill for the services in dispute timely and in accordance with 28 Texas Administrative Code §133.20?
2. Did the requestor submit documentation to support the disputed bills were submitted timely in accordance with Texas Labor Code §408.027 and Texas Administrative Code §102.4?
3. Is the requestor entitled to reimbursement?

Findings

1. 28 Tex. Admin. Code §133.20(b) states in pertinent part "Except as provided in Texas Labor Code §408.0272...a health care provider shall not submit a medical bill later than the 95th day after the date the services are provided." No documentation was found to support that §408.0272 applies to the service in dispute, for that reason, the health care provider and requestor in this dispute were required to send the medical bill no later than 95 days after the service in dispute was provided. 28 Tex. Admin. Code §102.4(h) states "Unless the great weight of evidence indicates otherwise, written communications shall be deemed to have been sent on: (1) the date received, if sent by fax, personal delivery, or electronic transmission or, (2) the date postmarked if sent by mail via United States Postal Service regular mail, or, if the postmark date is unavailable, the later of the signature date on the written communication or the date it was received minus five days. If the date received minus five days is a Sunday or legal holiday, the date deemed sent shall be the next previous day which is not a Sunday or legal holiday.
2. Review of the documentation submitted by the Requestor finds two fax transmission reports dated 04/01/2010 and 06/21/2010, a copy of a bill for DOS 02/11/2010 and DOS 02/24/2010. Both of these bills do not contain a date in box 31 nor do they contain the carrier name and address to where bill was sent. Also, a letter from the Respondent dated, 06/11/2010 was found which states that they were unable to process a payment and asks for bill to be resubmitted with a valid NPI number of referring provider. Although, the Requestor's documentation supports that a bill invoice was submitted to the Respondent within 95 days from the date of service, the Requestor did not complete bill per Version 2.0 of Texas Clean Claim and Electronic Medical Billing and Payment Workers' Compensation Companion Guides and therefore, was returned to Requestor as an incomplete bill. Pursuant to 28 Tex. Admin. Code §133.20(g), "Health care providers may correct and resubmit as a new bill an incomplete bill that has been returned by the insurance carrier." The Division concludes that the Respondent properly returned the incomplete medical bill. No documentation was found to sufficiently support that a corrected bill was submitted to the Respondent within 95 days from the date the services were provided.
3. In accordance with Tex. Lab. Code Ann. §408.027, the Requestor has forfeited the right to reimbursement due to untimely submission of the medical bill for the service in dispute.

Conclusion

For the reasons stated above, the Division finds that the requestor has not established that reimbursement is due. As a result, the amount ordered is \$0.00.

ORDER

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code §413.031, the Division has determined that the requestor is entitled to \$0.00 reimbursement for the disputed services.

Authorized Signature

Signature

Medical Fee Dispute Resolution Officer

October 10, 2011
Date

YOUR RIGHT TO REQUEST AN APPEAL

Either party to this medical fee dispute has a right to request an appeal. A request for hearing must be in writing and it must be received by the DWC Chief Clerk of Proceedings within **twenty** days of your receipt of this decision. A request for hearing should be sent to: Chief Clerk of Proceedings, Texas Department of Insurance, Division of Workers Compensation, P.O. Box 17787, Austin, Texas, 78744. The party seeking review of the MDR decision shall deliver a copy of the request for a hearing to all other parties involved in the dispute at the same time the request is filed with the Division. **Please include a copy of the *Medical Fee Dispute Resolution Findings and Decision*** together with any other required information specified in 28 Texas Administrative Code §148.3(c), including a **certificate of service demonstrating that the request has been sent to the other party.**

Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.